Ronald E. Dougherty County Office Building 56 Main Street Owego, NY 13827

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Linda Parke Personnel Officer

APPLICATION FEE WAIVER FORM

In accordance with:

Resolution #194-05 of the Tioga County Legislature, application fees are waived for applicants who, at the time of application, are either:

A recipient of a public assistance program from a State or Local Social Service Agency; OR
Unemployed

Civil Service Law Section 50.5(b):

"...fees shall be waived for candidates who certify to the State civil service department, a municipal commission or regional commission that they are unemployed and primarily responsible for the support of a household, or are receiving public assistance."

I request that my application fee for the examination listed below be waived in accordance with Section 50.5(b) of the State Civil Service Law:

Exam Number Exam Title Examination Test Date

Check the box(es) below that apply to you. Attach this form to each application for examination you are submitting to this office.

- □ I am currently unemployed **AND**:
 - I am primarily responsible for support of a household* OR
 - I am NOT primarily responsible for support of a household
 * Individuals who can be claimed as a dependent on any other person's tax return <u>are not</u> considered head of household.
- \Box I am currently:
 - □ Eligible for Medicaid
 - □ Receiving Supplemental Security Income (SSI) payments
 - □ Eligible under the Workforce Innovation and Opportunities Act through a Workforce Career Center
 - □ Receiving Public Assistance in the form of: ____

Name of program & Case Number

I have read the above portion of Tioga County Resolution #194-05 and Section 50.5(b) of the Civil Service Law relating to the waiver of application fees and certify that I am qualified to receive such waiver for the reasons indicated above. I understand that my above claim may be investigated and I may be disqualified from the listed civil service examination or may be disqualified from appointment and/or lead to revocation of appointment if I make any false statement regarding my eligibility for the application fee waiver.

Print Name:	SS#:	
Signature:	Date:	

